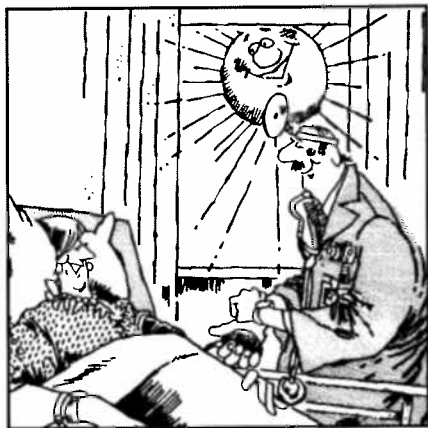


# How to Become the Positively Perfect Physician

Catherine A. Lee



As a lay editor at a medical school, I listened one day as new physicians held a soul-searching seminar on their professional manner with patients. Self and peer-criticism prevailed; these were young and earnest doctors, with at least near-perfection as their goal.

Unfortunately, they were going

about it the wrong way. All they needed to do was read medical history, for therein lies the measuring stick for excellence. Doctors have been judging themselves for more than 2,000 years. The medical profession has set its own standards ever since the first exacting professor lectured to the first anxious student. And that began—in Europe, at least—some 400 years before Christ, when Hippocrates instructed Greek doctors-to-be.

Even before Hippocrates had joined the immortals, doctors in India and China were training apprentices in the healing arts of their culture. Almost from the beginning, professors of pulse and pills established strict criteria for the character, ethics and even appearance of medical practitioners.

Consider India. There, a doctor had to *look* like a doctor. Sanskrit writings of approximately the fifth century specified that a doctor-in-training should have more than just intelligence and a “chaste and benign demeanour.” He also should have “thin lips, thin teeth, thin tongue, a straight nose, large, honest, intelligent eyes.”

Hippocrates advised practitioners to wear “white, well-scented garments” and have hair and nails cut “not too long, or too short.” Furthermore, a doctor should be “as plump as nature intended him to be”—for who would trust a skinny, undernourished medic?

Centuries later, Quaker physician (and signer of the Declaration of Independence) Benjamin Rush found young Yankee doctors lacking in bodily grace. He believed that Americans preparing to study medicine in Europe should spend an hour daily for three months taking dancing lessons.

But being a thin-lipped, sweetly perfumed, pleasingly plump twinkle toes does not a doctor make. Age, too, has always been a valued characteristic. But in any era where young men wear beards, the hirsute route to an aged appearance is useless (and no answer for women). On this topic laymen have offered a few morose comments.

Samuel Johnson, social critic of 18th century London, noted that medical men, “though ever so young, found it necessary to add to their endeavors a grave and solemn deportment.” Benjamin

Franklin got in his penny’s worth of advice: “Beware of the young doctor and the old barber.” To which physician-essayist Oliver Wendell Holmes added: “Age lends the graces that are sure to please. Folks want their doctors mouldy, like their cheese.”

Ah well, time heals all things. While sages pondered ages, ordinary folks with ailments were asking more fundamental questions: Does the doc make house calls? How long do I have to wait to see him?

Sufferers of old could relax. Medical men who followed their preceptors’ rules were instantly available. In seventh century China, physician-philosopher Sun Szumiao wrote a directive predating America’s postal service ideals. Paul Unschuld translated in his *Medical Ethics of Imperial China*: “Neither dangerous mountain passes, nor the time of day; neither weather conditions, nor hunger, thirst, nor fatigue should keep [the physician] from helping whole-heartedly.”

The land of Confucius also insisted the doctor be prompt, for “otherwise, the entire family of the patient will be in sadness and in fear, and will wait with sighs.” In 13th century Italy, the government directed that “a physician shall visit his patient at least twice a day, and at the wish of the patient, once also a night.” And in the English countryside of the 1600s, Shakespeare’s son-in-law, Dr John Hall, rode horseback 40 miles to see patients.

These prompt, indomitable, bone-weary medicos at least reaped a psychological reward. Patients of the past *appreciated* their doctors. For example, in India it was polite to offer the physician a hot bath after his professional call.

Not only was he prompt, but a doctor trained in the 1200s at Italy’s famous Salerno medical school made good use of the time spent reaching a patient. He was taught to ask the messenger who sought him out about the patient’s symptoms as they traveled to the bedside. Then, the physician was assured, even if he could not make a diagnosis “after examining the pulse and urine,” his surprising knowledge of the patient’s complaints was sure to win the sufferer’s confidence.

These warm-hearted Italian doctors knew all about the Bedside Manner. This began the moment one entered the house, when “the doctor should not appear haughty but should greet with a kindly, modest demeanour those present,” according to historical accounts. He should then praise “the beauty of the neighborhood, the situation of the house, and the well-known generosity of the family, if this seems suitable.”

However, in ancient China surveying the surroundings was considered crass, for patients were not to be judged by status and wealth. *Professional Admonitions*, translated by Paul Unschuld, stated: “Whenever beautiful silks and fabrics fill the eye, the physician is not allowed to look at them where...liquors are placed...he will look at them as if they did not exist.”

Hippocrates had, of course, addressed that important first encounter between the sick and the healer. He advised medical men to “say something agreeable to the patient, flatter his sense,

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and humor his fancies, if they are not dangerous."

Unfortunately, doctor-patient rapport has always carried with it a certain danger, especially if one is female and the other male. Threats to a male doctor's professional reputation often appeared in female form; both Asia and Europe learned to have a chaperone in a lady's sickroom.

However, near the 13th century the Chinese apparently relaxed the requirement. It was then that one Nieh Tsung-Chi discovered the perils of the boudoir. On two occasions, a woman whose husband was conveniently out of town sent for Nieh and tried to seduce him, offering him "my body in my bedroom." Twice, the physician—as straight as they come—"struggled free and ran away." Later, professional virtue brought its reward, via the supernatural route. Pleased and approving, the gods extended Nieh's life span from his ordained 60 to a ripe 72 years.

As for actual patient care, some recognition of humanistic medicine appeared many centuries ago. Writings on medical education in sixth century Spain stated: "The doctor should know something of music, for many things may be done for the sick with this art." In France, a 1306 treatise enlarged the scope of morale building. Doctors were told to raise the patient's spirits with music or "by forging letters telling him of the death of his enemies."

But suppose the patient—cheered, entertained, purged, pillowed and pulsed—still is not getting any better. How does the good doctor handle this, er, grave matter?

In the City of Brotherly Love, Dr Rush suggested using "pious words when medicine fails." Italy's Salerno faculty taught doctors to tell the patient he would recover and warn the relatives that he was very ill. If he died, the relatives said the wise physician foresaw this, but if the patient recovered, the physician's fame was spread.

As to reimbursement, a crude sliding-fee scale was developed in ancient India, where physicians were advised to "treat gratuitously Brahmins, teachers, the poor, friends, neighbors, the pious, and orphans." Considering that the Hindu doctor studied for six years, one hopes he wasn't in debt for his medical education. In the golden days of Greece, Hippocrates told his followers: "Sometimes give your service for nothing, for where there is love of the art (medicine), there is also love of man."

Yet, doctors must eat and pay off the mortgage, so compromises were necessary. Early practitioners saw the value of charging fees. It took a pragmatic 14th century Frenchman to point out that you can't judge a book by the cover, for "wealthy people, when they go to see the surgeon, dress in poor clothing." A Salerno professor, observing flawed human nature, concluded that some charge must be made. He advised:

"Don't give your service gratis. Let not the wise muse of Hippocrates serve the sick in bed without reward, for medicine bought dearly benefits much; If something is given for nothing, no good results."

While the details of medical history, separated by country, class and century, are amusing, the essence of early medical precepts is not. Idealism seldom is, and the medical leaders of old were idealist. Indeed, they often functioned as judges of colleagues who failed to measure up. They censured the lazy ones of 17th century England who, gossiping in coffee houses, wrote prescriptions without seeing their patients. They frowned on medieval dandies throughout Europe who were conspicuous in

"bright ribands, velvet bonnets, and embroidered gloves."

Long ago, medicine's standard bearers addressed the problem of advertising to build a practice. In the very beginnings of medicine in India, it was quite all right for a physician to walk through the streets saying, "Who is ill here? Whom shall I cure?" But early conservatives in Greece were embarrassed by fellow doctors who demonstrated their skills in open street stalls. Down through the centuries, Chinese physicians registered shame at colleagues who boasted of their ability and who used bold and conspicuous calligraphy on their name plaques.

Both practitioners and the public in 19th century Europe snickered at doctors who, summoned publicly from church, "went galloping throughout the town" to give an impression of a busy practice. In the American Colonies, disapproval greeted the man who, as the stagecoach approached, climbed on top of a huge rock, shouting, "I am a physician and surgeon."

These later critics followed a good and ancient example. More than 1800 years earlier, the famed anatomist-teacher Galen had heaped scorn upon doctors who used dubious methods to gain faithful patients. The methods ranged from flattery to the ultimate bit of unprofessional pleasantry—telling patients dirty jokes.

Perhaps medicine's bad boys merely illustrate a truth: Sin becomes conspicuous where virtue prevails. Even a light-hearted look at medical history reveals an insistence on professional probity. The ethical codes of East and West are remarkably similar. Both Indian and Chinese rules of conduct agreed with the Hippocratic Oath on holding doctor-patient communication sacred.

Doctors also were pledged to observe the equality of illness. "The physician should not pay attention to status, wealth, or age; neither should he question whether the person is attractive or unattractive, enemy or friend, uneducated or educated," read Chinese admonitions. In Italy of the 1500s, medical students were taught to approach the poor and low-born patient "as if he were a nobleman, since he differs in no respect from the latter, except by fortune."

Personal virtue and humanity equally were stressed. The physician in India was urged to be "chaste and abstemious...kind...speak the truth." The Chinese doctor must "above all have a marked attitude of compassion." In Greece, "he must be a gentleman in his character, and being this, he must be grave and kind to all."

All the essential criteria of character and ethics were outlined long ago. Any new physician can rate himself or herself against the requirements of medical history: Are you a person of benign demeanor; not too young? Are you prompt, sober, modest, and amenable to house calls? Are you well-barbered, neatly manicured, nicely plump, but thin-lipped? Musically knowledgeable? Nimble of foot? White of coat and sweet of smell?

Now look in the mirror.

Look carefully. Do you also have large, dark, intelligent eyes?

If so, then relax and rejoice. You are the positively perfect physician!

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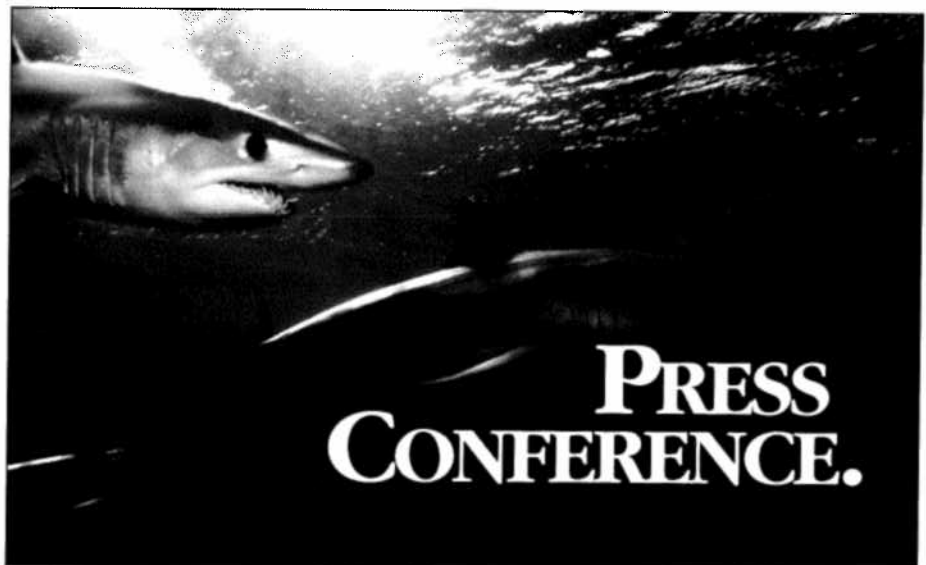
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